



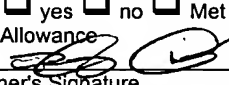
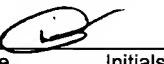

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** CONTINUING DATA ***** ** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 04/19/2004				
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Verified and Acknowledged   Examiner's Signature Initials		INDEPENDENT CLAIMS 5		
ADDRESS Eric G. Masmaori 6520 Ridgewood Drive Castro Valley, CA94552				
TITLE Vancomycin haemostatic paste composition 				
FILING FEE RECEIVED 471	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	